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Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

OMB No 1545-0052 2019

Int	emai K	evenue Se	rvice	Note	: The foundati	on may	be able to use a	a copy of	this return to	Sa	itisty sta	te re	port	ng requ	ureme	nts			<u> </u>
				or t	ax year begi	nning			, 200	9,	and en	ding	<u>g</u>					;	20
G	Che	ck all t	hat apply	\perp	Initial retur	'n	Initia	l return	of a former	рι	iplic ch	arity	y				Final re	turn	_
					Amended	return		Addre	ss change				Na	me ch	nange				
			Name of fo	undat	tion								$\prod I$	Empl	oyer ide	entific	ation num	ber	
ι	Jse th	e the IRS										1							
	lab	label. JACKSONVILLE JAGUARS FOU				OUNDATION,	INC.					59-3249687							
•		wise,	Number an	d stre	et (or PO box	number i	f mail is not delivere	ed to street	address)	Т	Room/	suite	; Ti	3 Teleph	one numb	er (see	page 10 of the	nstruction	s)
	•	int								1									
	or ty		ONE EVERBANK STADIUM PLACE									(90	4) 633	-54	37				
		pecific ctions.	City or towi	n, sta	ite, and ZIP cox	de							C If exemption application is pending, check here			ightharpoonup			
"	istru	cuons.											I,		-		ons, check he	• • •	
			JACKSON	IVIL	LLE, FL 3	2202							-1'				ions meeting	_	
н	Che	ck type	e of organiz	ation	X Secti	on 501	(c)(3) exempt	nrivate f	oundation				┥.	859	6 test, c	heck h	ere and attacl		
Ϊ	_		_		empt charitable				vate found	atı	on.			cor	nputatio	n -		• • •	
Ť			et value of a			·	ounting method						┥				status was te		
•			om Part II, co				ther (specify)		asii	-	uai		-			-	(1)(A), check		
		Eai (110 ▶ \$,746.		column (d) mu		cash hasis	- ₁ -			- f				in a 60-month		
F.				_	and Expens			30, 50 0,	1 00011 00010	<u> </u>		\top		under	SOCION	307(8)	(1)(B), check (d) Dis		
u	ai i	total o	f amounts in	colum	nns (b), (c), an	d (d)	(a) Revenue		(b) Net in	ves	stment		(c)	Adjust	ed ne	t		haritat	
		may n	not necessarii	ly equ	ial the amount:	s in	expenses books		ınco	me	€			incon	ne		pu	rposes	
_	_			· -	of the instruct			8,904.				+					(cash	basis c	nly)
	1		ıf the	s, etc , r	received (attach sch dation is not requ	nedule) .	1,9/8	5,504.				+							
	2	Check	attacl	h Sch	В			200		2.	2 200	+							
	3	Interest	on savings an	d temp	porary cash inves	stments		0,206.			0,206						ATCI		
	4	Divider	nds and inter	est fr	rom securities		190	0,493.	1	91	0,493	1					ATCI	1 2	
	5 a	Gross r	ents									┸							
	þ	Net ren	tal income or (l	oss) _								4			_				
ne		6 a Net gain or (loss) from sale of assets not on line b Gross sales price for all 943, 8 assets on line 6a			-163	3,481.				1=1	ĊF	-I\/F	D.						
eu	В			<u>,870</u> .						`_		- 1 4 1		-۵					
Revenue	7	Capital	l gain net inc	ome ((from Part IV, I	ine 2) .				_		\perp				S		_	
Ŀ	8	Net sh	ort-term cap	ıtal ga	aın					υ		<u> </u>	1	9 20	<u> </u>	<u>-</u> C			
	9									C	<u> </u>	$oxed{oxed}$				ျပ			
	10 a		ales less return: wances								<u> </u>		_			IR	<u> </u>		
	b	Less Co	ost of goods so	ld .							<u> </u>	<u> (βι</u>	<u> 기</u> 는	N,	<u>U I</u>				
	С	Gross	profit or (loss	s) (atta	ach schedule)		<u></u>		٩	_					-		8		
	11	Other	income (atta	ch sch	hedule)			2,412.			13						ATC	1 3	
	12				gh 11		2,548	B , 534.	2	1 (0,712								
	13	Compe	nsation of offic	ers, di	rectors, trustees,	etc	10	5,924.		12	2,538	1						9	3,387
	14				and wages .		52	2,105.		- (6,168	١.						4	5,938
Ses	15	Pensio	n plans, emp	oloyee	e benefits		1	7,314		- :	2,049	7.						1.	5,265
Expenses	ı				ule)							\top							
쏬			nting fees (a									\top							
é	c				(attach schedul	e).*		8,044	1		1,494								6,550
aÈ	17		it						<u> </u>			\top							
str	17 18 19 20 21				page 14 of the ins	tructions)	1	670.	ļ		670	1							
Ξ	19				redule) and de				l	_		\top							
퉏	20		•				-					\top							
₹	21	•	•		I meetings		1					\top							
aŭ	22						2.	4,459		_		\top					-	2	1,459
g	23				schedule) AT			5,066.		-:	2,052								3,014
Operating	24											+							
ě	**				mınistratıve ex	•	97	3,582		2	4,971							941	3,613
õ	اءد		_	-				4,378.		_	-,	+				-	1		3,803
	25			_	nts paid			7,960.	I 	2	4,971	+	-						2,416
_	26				ents Add lines 2	4 and 25	1,73	., 500.			., , , 1	+				\dashv		, 014	-,410
	27		ct line 26 fro				614	0,574.											
					es and disburseme		F 81,	0,3/4.	1	ρ ι	5 7/1	+							
					(ıf negatıve, er	•			<u>-</u>	0	5,741	4					<u> </u>		
_	C	Adjust	ed net incon	ne (ıf	negative, enter	-0-)	<u> </u>		[0-			

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Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year		Beginning of year	End of	End of year		
7	amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value		
1	Cash - non-interest-bearing	59,774.	441,245.	441,245		
2	Savings and temporary cash investments	1,611,194.	1,429,980.	1,429,980		
3	Accounts receivable ►155.					
	Less allowance for doubtful accounts ▶		155.	155		
4	Pledges receivable	İ				
	Less allowance for doubtful accounts ▶					
5	Grants receivable					
6	Receivables due from officers, directors, trustees, and other					
	disqualified persons (attach schedule) (see page 16 of the instructions)					
7	Other notes and loans receivable (attach schedule)					
	Less allowance for doubtful accounts ▶					
2 8	Inventories for sale or use	204.	204.	204		
9	Prepaid expenses and deferred charges					
ໃ 10 a	Investments - U S and state government obligations (attach schedule)					
b	Investments - corporate stock (attach schedule) ATCH 7	1,638,937.	2,073,728.	2,073,72		
11 °	Investments - corporate bonds (attach schedule), ATCH 8. Investments - land, buildings, and equipment basis Less accumulated depreciation (attach schedule)	1,424,299.	1,309,135.	1,309,13		
1						
12	Investments - mortgage loans					
13	Investments - other (attach schedule) Land, buildings, and equipment basis Less accumulated depreciation					
15	(attach schedule) Other assets (describe ATCH 9)	0.	6,299.	6,29		
16			- 0,233.			
110	Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)	4,734,408.	5,260,746.	5,260,74		
1-		5,001.	0.	3,200,14		
17	Accounts payable and accrued expenses	674,250.	124.			
18	Grants payable	0/1,230.	127.			
19	Deferred revenue					
20	Loans from officers, directors, trustees, and other disqualified persons					
20 21	Mortgages and other notes payable (attach schedule)	-87,404.	532,530.			
22	Other liabilities (describe ► ATCH_10)	-67,404.	332,330.			
23	Total liabilities (add lines 17 through 22)	591,847.	532,654.			
	Foundations that follow SFAS 117, check here ▶ and complete lines 24 through 26 and lines 30 and 31.					
24	Unrestricted					
25 26	Temporarily restricted					
	Permanently restricted					
2	Foundations that do not follow SFAS 117,					
Σ	check here and complete lines 27 through 31.					
27	Capital stock, trust principal, or current lunds					
28 29 30	Paid-in or capital surplus, or land, bldg , and equipment fund	4 140 551				
29	Retained earnings, accumulated income, endowment, or other funds	4,142,561.	4,728,092.			
30	Total net assets or fund balances (see page 17 of the	4 440 561	4 700 000			
	instructions)	4,142,561.	4,728,092.			
31	Total liabilities and net assets/fund balances (see page 17	4,734,408.	5,260,746.			
Bost	of the instructions)		3,200,140.			
	al net assets or fund balances at beginning of year - Part II,		agrae with			
				4,142,56		
	-of-year figure reported on prior year's return)			610,57		
	and the second s			010,37		
			-	4,753,13		
, Auc	I lines 1, 2, and 3 creases not included in line 2 (itemize) ATTACH	 MCNT 11	4	25,04		
	al net assets or fund balances at end of year (line 4 minus li			4,728,09		
טו טו	ai nei asseis oi Tunu balances al eno di year (line 4 minus li	ne Jj - Fart II, COlumn (D),	, line 30 6	3,120,0.		

Form **990-PF** (2009)

Fo	orm 990-PF (2009)		59-32496	87		Page 3
E	Part IV Capital Gains	s and Losses for Tax on Inv	estment Income			
	(a) List and	d describe the kind(s) of property sold (e g , real estate,	(b) How acquired	(c) Date acquired	(d) Date sold
_		rick warehouse, or common stock, 200	• .	P-Purchase D-Donation	(mo , day, yr)	(mo, day, yr)
13	a SEE PART IV SCHE	DULE				
_	b					
	<u> </u>					
_	d					i -
_	-			i	1	
	(e) Gross sales price	(f) Depreciation allowed	(g) Cost or other basis		(h) Gain or (lo	
_		(or allowable)	plus expense of sale		(e) plus (f) mini	ns (g)
_	3					
_	<u> </u>					
_	<u> </u>					
_	d					
_	9					
_	Complete only for assets s	howing gain in column (h) and owr	ned by the foundation on 12/31/69	(1)	Gains (Col (h) g	aın mınus
	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	col	(k), but not less t Losses (from co	
_6	a					
_	b					
_						
_	d					
_	9					
2	Capital gain not income or	(not contal loca) [If	gain, also enter in Part I, line 7			
-	Capital gain net income or	(net capital loss) If	(loss), enter -0- in Part I, line 7	2	-	163,481.
3	Net short-term capital gair	n or (loss) as defined in sections 12	22(5) and (6)		_	
	If gain, also enter in Part I,	, line 8, column (c) (see pages 13 a	and 17 of the instructions)			
	If (loss), enter -0- in Part I,	line 8		3		
F		nder Section 4940(e) for Redu		come		
		c private foundations subject to the	·		me)	
	•	•	` ,		,	
lf	section 4940(d)(2) applies,	leave this part blank				
		·				
W	as the foundation liable for	the section 4942 tax on the distrib	utable amount of any year in the ba	ase peno	d?	Yes X No
		not qualify under section 4940(e)			••••	
1		ount in each column for each year,		efore mak	ing any entries	
_	(a)	(b)	(c)		(d)	
(Base period years Calendar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of nonchantable-use assets		Distribution ra (col (b) divided by	
_	2008	1,947,194.	4,457,085.		(00. (0) 0000 0)	0.436876
_	2007	1,715,515.	5,369,589.	 		0.319487
_	2006	1,473,830.	5,367,464.			0.274586
-	2005	1,890,675.	4,992,349.			0.378715
_	2004	1,416,275.	4,797,428.			0.295215
_	2004	1,110,273.	7,797,720.	 		0.273213
•	T-4-1 -6 line 4 line (d)					1 704070
2	Total of line 1, column (d)	ļ. <u>.</u>	., ., .,	2		1.704879
3		for the 5-year base period - divide				0 240076
	number of years the found	dation has been in existence if less	than 5 years	3		0.340976
	_				_	
4	Enter the net value of non	ncharitable-use assets for 2009 fro	m Part X, line 5	4	4,	790,940.
5	Multiply line 4 by line 3			5	1,	633,596.
6	Enter 1% of net investme	nt income (1% of Part I, line 27b)		6		1,857.
	1	•				
7	Add lines 5 and 6			7	1,	635,453.
8 Enter qualifying distributions from Part XII, line 4. If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax						012,416.
	If line 8 is equal to or gre Part VI instructions on page	eater than line 7, check the box ii	n Part VI, line 1b, and complete t	hat part	using a 1% tax	rate See the

Pär	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of t	ne ins	truction	ons)
1 a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1			
	Date of ruling or determination letter(attach copy of ruling letter if necessary - see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		1,8	357.
	here ► X and enter 1% of Part I, line 27b			
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% J of Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 2			
3	Add lines 1 and 2		1,8	357.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)			0.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-		1,8	357.
6	Credits/Payments			
а	2009 estimated tax payments and 2008 overpayment credited to 2009 6a 10, 312.			
b	Exempt foreign organizations-tax withheld at source			
c	Tax paid with application for extension of time to file (Form 8868) 6c 0.			
d	Backup withholding erroneously withheld			
7	Total credits and payments Add lines 6a through 6d		10,3	312.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			
9	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid.		8,4	155.
11	Enter the amount of line 10 to be Credited to 2010 estimated tax ▶ 8,455. Refunded ▶ 11			
	t VII-A Statements Regarding Activities			
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No.
	participate or intervene in any political campaign?	1a		_X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19			v
	of the instructions for definition)?	1b		Х
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			
_	published or distributed by the foundation in connection with the activities			х
ر ا	Did the foundation file Form 1120-POL for this year? Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year	1c		
u	(1) On the foundation \$\Bigsim \\$ \			
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
٠	on foundation managers > \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		х
_	If "Yes," attach a detailed description of the activities			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		х
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		Х
	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		Х
	If "Yes," attach the statement required by General Instruction T	-		
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that			
	conflict with the state law remain in the governing instrument?	6	<u>X</u>	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	Х	
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the			
	instructions) ▶ FL,			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			
	(or designate) of each state as required by General Instruction G ² If *No," attach explanation	8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or		1	
	4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page			v
	27)? If "Yes," complete Part XIV	9		Х
10	Did any persons become substantial contributors during the tax year? If "Yes." attach a schedule listing their			х
	names and addresses	10		_^

Form	990-PF (2009) 59-3249687			Page
Par	VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions)	11		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before			
	August 17, 2008?	12		X
	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address		X	L
14	Website address ► N/A The books are in care of ► DAR GROUP INVESTMENTS Telephone no Located at ►ONE EVERBANK STADIUM PLACE, JACKSONVILLE ZIP+4 ► 32202	33 - 6	000	
	Located at ▶ONE EVERBANK STADIUM PLACE, JACKSONVILLE ZIP+4 ▶ 32202			
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year	• • •	▶	·L
Par	VII-B Statements Regarding Activities for Which Form 4720 May Be Required			_
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	T	Yes	No
1a	During the year did the foundation (either directly or indirectly)		1	
-	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	1	Ì	
	disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No		ł	1
	(4) Pay compensation to, or pay or reimburse the expenses of a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for			ļ
	the benefit or use of a disqualified person)?	1		l
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if			Ì
	the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days) Yes X No		1	
þ	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?	1b	ļ	X
	Organizations relying on a current notice regarding disaster assistance check here			
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that	1		١.,
	were not corrected before the first day of the tax year beginning in 2009?	1c	1	Х
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			l
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
а	At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and			
	6e, Part XIII) for tax year(s) beginning before 2009?			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)	1	1	

4a Did the foundation invest during the year any amount in a manner that would jeopardize its chantable purposes?

c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here

enterprise at any time during the year?

b If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2009)

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its

charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?

3a Did the foundation hold more than a 2% direct or indirect interest in any business

Form 990-PF (2009)

4a

4b

X No

Х

Х

Form	990-PF (2009)		59-324	19687		Page 6
Pär	t VII-B Statements Regarding Activities for	or Which Form 4	720 May Be Requ	ired (continued)		
5 a	During the year did the foundation pay or incur any amou (1) Carry on propaganda, or otherwise attempt to influer (2) Influence the outcome of any specific public election directly or indirectly, any voter registration drive? (3) Provide a grant to an individual for travel, study, or oth (4) Provide a grant to an organization other than a charm section 509(a)(1), (2), or (3), or section 4940(d)(2)? (5) Provide for any purpose other than religious, charitat purposes, or for the prevention of cruelty to children or	nce legislation (section (see section 4955), of her similar purposes? table, etc., organization see page 22 of the insole, scientific, literary,	or to carry on, on described in structions)	Yes X No		
Ь	If any answer is "Yes" to 5a(1)-(5), did any of the transi- Regulations section 53 4945 or in a current notice regard Organizations relying on a current notice regarding disast	ing disaster assistand	ce (see page 22 of the	instructions)?	5b	X
6 a	If the answer is "Yes" to question 5a(4), does the foundation because it maintained expenditure responsibility for the griff "Yes," attach the statement required by Regulations section the foundation, during the year, receive any funds, do not a personal benefit contract?	rant? tion 53 4945-5(d) tirectly or indirectly, to	pay premiums	. Yes X No		х
7 a	At any time during the tax year, was the foundation a par	rty to a prohibited tax	shelter transaction?	. Yes X No	, 📖	
	If yes, did the foundation receive any proceeds or have a				7b	Х
	t VIII Information About Officers, Directors and Contractors		-		•	
1	List all officers, directors, trustees, foundation m (a) Name and address	anagers and their (b) Title, and average hours per week devoted to position	(c) Compensation (see (lf not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	uctions). (e) Expense other allov	
<u>AT</u>	FACHMENT 12		105,924.	26,102.		361
2 (Compensation of five highest-paid employees (other from the from t	ner than those inc	luded on line 1 - se	e page 23 of the inst	ructions).	
	Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense other allow	
		_				
Total	number of other employees paid over \$50,000 .				Form 990	NONE PF (2009)

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Part VIII	Information About Officers, Directors, Trustees, Foundation Ma and Contractors (continued)	nagers, Highly Paid Emplo	yees,	
3 Five high	est-paid independent contractors for professional services (see page 2	of the instructions). If none,	enter "NO	NE."
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Comp	
NONE				
				
-		·		
Total number	er of others receiving over \$50,000 for professional services		▶	NONE
Part IX-A	Summary of Direct Charitable Activities			
	dation's four largest direct charitable activities during the tax year. Include relevant statistical info	ormation such as the number	Expe	nses
1_N/A				
2				
			1	
3			 -	
4				
	·			
	Summary of Program-Related Investments (see page 23 of the in			
	two largest program-related investments made by the foundation during the tax year on lines 1 a	and 2	Ame	ount
1 NONE				
2				
· ·	gram-related investments. See page 24 of the instructions			
3 NONE			1	

Forn	1 990-PF (2009) 59-3249887		Page t
Pa	Minimum Investment Return (All domestic foundations must complete this part. Foreign see page 24 of the instructions.)	gn foundation	ons,
1	Fair market value of assets not used (or held for use) directly in carrying out chantable, etc.		
	purposes		
а	Average monthly fair market value of securities	1a	2,232,346.
b	Average of monthly cash balances	1b	2,631,552.
С	Average of monthly cash balances Fair market value of all other assets (see page 24 of the instructions)	1c	0.
d	Total (add lines 1a, b, and c)	1d	4,863,898.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)	[
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Cubicant line 2 from line 1d	3	4,863,898.
4	Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see page 25		
	of the instructions)	4	72,958.
5	of the instructions) Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	4,790,940.
6	Minimum investment return. Enter 5% of line 5	6	239,547.
Pa	rt XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) priva	ate operating	
	foundations and certain foreign organizations check here > and do not complete this	part)	
1	Minimum investment return from Part X, line 6	1	239,547.
2a	Tax on investment income for 2009 from Part VI, line 5 2a 1,857.		
b	Income tax for 2009 (This does not include the tax from Part VI) 2b	†	
С		2 _C	1,857.
3	Add lines 2a and 2b Distributable amount before adjustments Subtract line 2c from line 1	3	237,690.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	237,690.
6	Deduction from distributable amount (see page 25 of the instructions)	6	
7	Deduction from distributable amount (see page 25 of the instructions) Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1	171	237,690
Pa	ort XII Qualifying Distributions (see page 25 of the instructions)		
=	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes	1	
' a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	144	2,012,416
a b		1a	2,012,410
2	Program-related investments - total from Part IX-B Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.	16	
2			0
•	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the	1 2 -	0
a	Suitability test (prior IRS approval required)		
b	Cash distribution test (attach the required schedule)	3b	2,012,416
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	2,012,416.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income	_	1 057
_	Enter 1% of Part I, line 27b (see page 26 of the instructions)		1,857. 2,010,559.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating v qualifies for the section 4940(e) reduction of tax in those years	wnether the f	oundation

Form 990-PF (2009)

Pa	Part XIII Undistributed Income (see page 26 of the instructions)								
		(a)	(b)	(c)	(d)				
1	Distributable amount for 2009 from Part XI,	Corpus	Years prior to 2008	2008	2009				
	line 7		· · · · · · · · · · · · · · · · · · ·		237,690.				
2	Undistributed income, if any, as of the end of 2009			-					
				0.					
a	Enter amount for 2008 only		0.		··-··				
	Total for prior years 20_07_,20_06_,20_05_								
3	Excess distributions carryover, if any, to 2009								
	From 2004								
	From 2005								
C	From 2006								
d	From 2006 1,210,523. From 2007 1,453,705. From 2008 1,729,172.								
е	From 2008 1,729,172.								
f	Total of lines 3a through e	7,216,647.							
4	Qualifying distributions for 2009 from Part XII,								
	line 4 ▶ \$2,012,416.								
а	Applied to 2008, but not more than line 2a			0.					
					-				
D	Applied to undistributed income of prior years (Election required - see page 26 of the instructions)								
С	Treated as distributions out of corpus (Election								
	required - see page 26 of the instructions)				237,690.				
	Applied to 2009 distributable amount	1,774,726.			237,090.				
	Remaining amount distributed out of corpus	1,774,720.							
5	Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same								
	amount must be shown in column (a))								
6	Enter the net total of each column as								
	indicated below:								
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	8,991,373.							
b	Prior years' undistributed income Subtract								
	line 4b from line 2b		0.		 .				
C	Enter the amount of prior years' undistributed								
	income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has								
	been previously assessed								
d	Subtract line 6c from line 6b Taxable								
_	amount - see page 27 of the instructions		0.						
e	Undistributed income for 2008 Subtract line								
	4a from line 2a Taxable amount - see page 27 of the instructions			0.					
	27 of the manuctions								
f	Undistributed income for 2009 Subtract lines								
	4d and 5 from line 1 This amount must be distributed in 2010								
7									
	to satisfy requirements imposed by section								
	170(b)(1)(F) or 4942(g)(3) (see page 27 of the								
8	Instructions)								
•	applied on line 5 or line 7 (see page 27 of the	1,182,115.							
	instructions)	1,102,113.		· · · · · · -					
9	Excess distributions carryover to 2010.	7 000 250							
	Subtract lines 7 and 8 from line 6a	7,809,258.							
	Analysis of line 9								
	Excess from 2005 1,641,132.								
	Excess from 2006 1,210,523.								
	Excess from 2007 1, 453, 705.								
	Excess from 2008 1,729,172.								
е	Excess from 2009 1,774,726.								

Form 990-PF (2009)

	Private Oper					NOT APPLICABLE
1 a	If the foundation has				ating	
	foundation, and the ruling				. •	
Ь	Check box to indicate wh		private operating found		4942((3) or 4942(j)(5)
2 a		Tax year		Prior 3 years		(e) Total
	justed net income from Part I or the minimum investment	(a) 2009	(b) 2008	(c) 2007	(d) 2006	
	return from Part X for each					
	year listed					
D	85% of line 2a					
С	Qualifying distributions from Part XII line 4 for each year listed .					
d	Amounts included in line 2c not					
	used directly for active conduct		ĺ			
8	of exempt activities		-			
	directly for active conduct of					
	exempt activities Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the		· · · · · · · · · · · · · · · · · · ·			
а	alternative test relied upon "Assets" alternative test - enter					
	(1) Value of all assets					
	(2) Value of assets qualifying under section					
	4942(j)(3)(B)(i)	· · · · · · · · · · · · · · · · · · ·				
b	"Endowment" alternative test- enter 2/3 of minimum invest-					
	ment return shown in Part X,				i	
	line 6 for each year listed					
C	"Support" alternative test - enter					
	(1) Total support other than gross investment income					
	(interest, dividends, rents, payments on securities					
	loans (section 512(a)(5)),					
	or royalties) (2) Support from general					ļ <u>.</u>
	public and 5 or more					
	exempt organizations as provided in section 4942					
	(j)(3)(B)(m)					
	port from an exempt				}	
	organization (4) Gross investment income					
Pa		ary Information (C	omplete this part	only if the found:	ation had \$5,000	or more in assets
		luring the year - se				0
1	Information Regarding	Foundation Manage	rs:		· · · · · · · · · · · · · · · · · · ·	
а	List any managers of	the foundation who h	ave contributed more	than 2% of the tota	l contributions receiv	ed by the foundation
	before the close of any	tax year (but only if th	ney have contributed r	nore than \$5,000) (S	ee section 507(d)(2))	
	N/A					
b	List any managers of					large portion of the
	ownership of a partner	ship or other entity) of	f which the foundation	has a 10% or greater	interest	
	/2					
	N/A Information Regarding	- Cantalbution Count	Cift I can Cabalanah	in ata Danaman		
2				• • •		
	Check here ► X if ti unsolicited requests for	he foundation only r	nakes contributions	to preselected charit	table organizations a	and does not accept
	organizations under ot				: 20 Oi the instruction	ons) to individuals of
_	The name, address, a	 				
a	me name, address, a	na telephone number	or the person to whor	n applications should b	e addressed:	
<u> </u>	The form in which appl	ications should be sui	hmitted and information	on and materials they	should include	
•	me form at which app	ilications should be su	billitted and imorniati	on and materials they	Should include	
	NA					
	Any submission deadli	nes·	-			
-	,	·				
	NA					
d	Any restrictions or li	mitations on awards.	such as by geogra	phical areas, charita	ble fields, kinds of	institutions, or other
	factors		, 55	. ,		,
_	NA					
JSA 490 1	000					Form 990-PF (2009)

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid Durin	ng the Year or Appr	oved for F	uture Payment	
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	Contribution	
a Paid during the year				
ATTACHMENT 13				
ATTACHMENT TO				
			i	
		}		
		Ì		
				į
Total	 		▶ 3a	1,063,803.
b Approved for future payment		ì		
		1		
		1	j	
		1]	
			·	+

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Form 99	0-PF (2009)	59-3249687			Page 12	
Part 2	XVI-A Analysis of Income-Produ	cing Activ	vities			
	ross amounts unless otherwise indicated		ated business income	Excluded by	section 512, 513, or 514	(e)
1 Proc	gram service revenue	(a) (b) Business code Amount		(c) Exclusion code	(d) Amount	Related or exempt function income (See page 28 of the instructions)
	OTHER INCOME				13.	
b						-
С						
d						
е						
f			_			
	Fees and contracts from government agencies					
	nbership dues and assessments			1.4	20.206	
	est on savings and temporary cash investments			14	20,206. 190,493.	
	dends and interest from securities			14	190,493.	
	rental income or (loss) from real estate			1		
	Debt-financed property			 		
	rental income or (loss) from personal property			<u> </u>		
	er investment income					
	or (loss) from sales of assets other than inventory	l .		18	-163,482.	
	income or (loss) from special events				·	
	ss profit or (loss) from sales of inventory.					
	er revenue a					
	ATTACHMENT 14				522,399.	
С						
đ						
e						
	total Add columns (b), (d), and (e)				569,629.	
13 Tota	Add line 12, columns (b), (d), and (e)				13	569,629.
	orksheet in line 13 instructions on page 28 to KVI-B Relationship of Activities			A D		
Line N		ty for whi	ch income is reported	ın column	(e) of Part XVI-A con	tributed importantly to such purposes) (See
	page 23 of the matractions)					
					<u>. </u>	
				·		
			NOT APPLICABL	E		
						
	- - · · · · · · · · · · · · · · · · · 					
		<u> </u>				
						
		-	_		-	

Pa	rt XVII	Information Exempt Orga		ransfers To	and Transa	ctions a	and Relati	onships	With N	lonc	harit	able
1	ın se	ne organization directle ction 501(c) of the C zations? ers from the reporting f	ode (other than	section 501(c)	(3) organization:	s) or in si	ny other org ection 527,	anization di relating to	escribed political		Yes	No
а					-					4 - / 4 \		x
		her assets								1a(1) 1a(2)		X
b		transactions								<u> </u>		
	(1) Sa	iles of assets to a nonch	naritable exempt o	rganization						16(1)		X
	(2) Pt	irchases of assets from	a nonchantable e	xempt organization	n					1b(2)		X
		ental of facilities, equipm								1b(3)		X
		eimbursement arrangeme								1b(4)		X
	(5) Lo	ans or loan guarantees			· · · · · · · · ·	• • • • • •	• • • • • •		• • • • •	1b(5)		 ^
		erformance of services of								1b(6)		$\frac{\hat{x}}{x}$
		ig of facilities, equipment answer to any of								1c	for	
•		of the goods, other										
		in any transaction of										
(a) l	Line no	(b) Amount involved	(c) Name of	noncharitable exemp	ot organization	(d) Desc	ription of transfe	ers, transaction	ns, and shar	ing arra	ngeme	nts
		N/A				N/A						
				·		<u> </u>				_	_	
_						ļ		<u> </u>				
_			 -			<u> </u>						
						<u> </u>				_		
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_				<u> </u>		<u> </u>						
	Ja 45 a	faced to a discalle of										
2 a		foundation directly or n 501(c) of the Code (otl					. •			\neg	s [No X
ь		s." complete the following		70 1(0)(0)) OI III 30							~ ∟	
		(a) Name of organization	n	(b) Typ	e of organization			c) Description	of relations	hip		
_												
_							<u> </u>					
				_								
\neg	Under	penalties of penury, I deci	are that I have ex	amined this return	including accomp	anving sched	ules and statem	nents and to	the hest o	f mv k	nowled	ine and
	belief,	it is true, correct, and com	plete Declaration	of preparer (other ti	han taxpayer or fid	uciary) is bas	sed on all inform	nation of whi	ch preparer	has a	ny kno	wledge
		WH R	(2)			11-15	-10	CFU				
ē	Sı	gnature of officer or trustee				Date	 ▶	Title				
He					Date		Check if		Preparer's			
Sign Here		Preparer's	La M.	01	1		self-employe	≈d ▶└──│ ¤	number (Se page 30 of t	he inst		
S	Paid Preparer's Use Only	signature //W		Stown		/11/2010	<u> </u>		P00889			
	Prep Use	Firm's name (or yours if	F 3	NATERHOUSE				EIN ▶ 13	3-4008	324		
		self-employed), address and ZIP code		LAURA ST.		00 322	202	Dh	904-3	51-0	671	
			OHCKS	ONVILLE, 1	FL	322		Phone no	204-3	J 7 - U	0/1	

Schedule B

Schedule of Contributors

OMB No 1545-0047

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Attach to Form 990, 990-EZ, or 990-PF.

Name of the organization Employer identification number JACKSONVILLE JAGUARS FOUNDATION, INC. 59-3249687 Organization type (check one) Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 331/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1 Complete Parts I and For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals Complete Parts I, II, and III For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990.

990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ. or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization JACKSONVILLE JAGUARS FOUNDATION, INC.

Employer identification number 59-3249687

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	JAGUARS, LTD ONE EVERBANK STADIUM PLACE	\$1,389,164.	Person X Payroli Noncash
	JACKSONVILLE, FL 32202	_	(Complete Part II if there is a noncash contribution)
(a) <u>No</u> .	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	PEPSI PLAYBOOKS ONE EVERBANK STADIUM PLACE		Person X Payroll
	JACKSONVILLE, FL 32202	\$25,000.	(Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3	FL SPORTS FOUNDATION 2390 KERRY FOREST PKWY	\$29,907.	Person X Payroll Noncash
	TALLAHASSEE, FL 32309	-	(Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4	NFL CHARITIES ONE EVERBANK STADIUM PLACE	\$\$	Person X Payroll Noncash
(a)	JACKSONVILLE, FL 32202	(c)	(Complete Part II if there is a noncash contribution)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
5	REEBOK HONOR ROWS NON-CASH ONE EVERBANK STADIUM PLACE	\$337,745.	Person X Payroll X Noncash
	JACKSONVILLE, FL 32202		(Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
6	BLUE CROSS BLUE SHIELD OF FLORIDA 4800 DEERWOOD CAMPUS PARKWAY	\\$45,000.	Person X Payroll Noncash
	JACKSONVILLE, FL 32246		(Complete Part II if there is a noncash contribution)
		Sahadula	B (Form 990, 990-EZ, or 990-PF) (2009)

Schedule B (Form 990, 9	90-EZ, or 990-PF) (2009)	Page of of Part
Name of organization	JACKSONVILLE JAGUARS FOUNDATION, INC.	Employer identification number 59-3249687
Part I Contribut	ors (see instructions)	

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	VARIOUS CONTRIBUTIONS <\$5,000		Person X
	ONE STADIUM PLACE	\$9,406.	Payroll Noncash
	JACKSONVILLE, FL 32202	_	(Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
8	BAPTIST HEALTH; WHAT MOVES U		Person X
	800 PRUDENTAL DRIVE	\$\$110,093.	Payroll Noncash
	JACKSONVILLE, FL 32207		(Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
9	JACKSONVILLE BOOSTER CLUB		Person
	6501 ARLINGTON EXPY #B152	\$ \$.	Payroll Noncash
	JACKSONVILLE, FL 32211-0802		(Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
10	WORLD WIDE DAY OF PLAY		Person X
	1515 BROADWAY, 44TH FLOOR	\$5,000.	Payroll Noncash
	NEW YORK, NY 10036		(Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
			Person
		\$	Payroll Noncash
			(Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II if there is

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization JACKSONVILLE JAGUARS FOUNDATION, INC.

Employer identification number

59-3249687

Ioncash Property (see instructions)		
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
VARIOUS	_	
	\$\$.	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	 \$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		-
	(b) Description of noncash property given (b) (b) Description of noncash property given	(b) Description of noncash property given VARIOUS (c) FMV (or estimate) (see instructions) (d) FMV (or estimate) (see instructions) (e) FMV (or estimate) (see instructions) (f) FMV (or estimate) (see instructions) (h) Description of noncash property given (c) FMV (or estimate) (see instructions) (d) FMV (or estimate) (see instructions) (e) FMV (or estimate) (see instructions) (f) FMV (or estimate) (see instructions) (h) Description of noncash property given (c) FMV (or estimate) (see instructions)

JACKSONVILLE JAGUARS FOUNDATION, INC. 59-324
FORM 990-PF - PART IV
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

C/	APITAL GAI	NS AND LO	SSES FO	R TAX ON	INVEST	ŇΕ	ENT INCOM	<u>E</u>
Kind of I	Property		Desc	ription	ķ	or D	Date acquired	Date sold
Gross sale price less expenses of sale	Depreciation allowed/ allowable	Cost or other basis	FMV as of 12/31/69	Adj basis as of 12/31/69	Excess of FMV over adj basis	Ť	Gain or (loss)	
309,505.		MERRILL LYNG 306,985.	СН				VAR 2,520.	VAR
634,366.		MERRILL LYN	СН				VAR -166,001.	VAR
TOTAL GAIN(L	oss)		• • • • • • • • • • • • • • • • • • • •				-163,481.	

SI	l
MEN	ŀ
STI	
INVESTM	Ì
Z	
TEMPORARY CASH	
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4RY	
OR	
MP	l
Ξ	l
NO	
ST	l
NTEREST	ŀ
Y.T.E.	l
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OR	
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	NET	INVESTMENT	INCOME	20.006	 20,206.	
REVENUE	AND	EXPENSES	PER BOOKS	20.206	20,206.	
					TOTAL	
			DESCRIPTION	WACHOVIA SWEEP ACCOUNT		

ATTACHMENT 2

- DIVIDENDS AND INTEREST FROM SECURITIES PART I FORM 990PF, REVENUE AND EXPENSES PER BOOKS

NET INVESTMENT INCOME

190,493.

MERRILL LYNCH

DESCRIPTION

190,493.

190,493.

TOTAL

190,493.

PAGE 22

ATTACHMENT 3

JACKSONVILLE JAGUARS FOUNDATION, INC.

- OTHER INCOME PART I FORM 990PF,

DESCRIPTION
MISCELLANEOUS INCOME
UNREALIZED GAIN ON INVESTMENTS

INVESTMENT INCOME 13. 522,399. REVENUE AND EXPENSES PER BOOKS

522,412.

TOTALS

13.

PAGE 23

PAGE 24

INC.
FOUNDATION,
JAGUARS
JACKSONVILLE

FEES
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PRO
- OTHER
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990PF
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CHARITABLE PURPOSES	5,650.	6,550.
NET INVESTMENT INCOME	1,061. 433.	1,494.
REVENUE AND EXPENSES PER BOOKS	6,711. 1,333.	8,044.
DESCRIPTION	PROGRAM EXPENSE-PROF. FEES FEES, DUES, & SUBSCRIPTIONS	TOTALS

INC.
FOUNDATION,
JAGUARS
JACKSONVILLE

TAXES	
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PART	
990PF,	
FORM	

NET INVESTMENT INCOME	670.	670.
REVENUE AND EXPENSES PER BOOKS	.079	670.
		TOTALS
DESCRIPTION	FOREIGN	

JACKSONVILLE JAGUARS FOUNDATION, INC.

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990PF, PART
1 990PF, PART

		CHARITABLE	PURPOSES	1,903.	56,777.	697,435.	649.	3,701.	38.	211.		2,300.		/63,014.	
	NET	INVESTMENT	INCOME	34.							2,018.		0	2,052.	
REVENUE	AND	EXPENSES	PER BOOKS	1,937.	56,777.	697,435.	649.	3,701.	38.	211.	2,018.	2,300.	100	/65,066.	
													6 6 8	TOTALS	
			DESCRIPTION	POSTAGE/SHIPPING	SUPPLIES	TICKETS	TRAVEL	MEALS	TELEPHONES	MISC	MI FEES	EQUIPMENT RENTAL			

INC.
FOUNDATION,
JAGUARS I
CKSONVILLE
JA(

STOCK	
CORPORATE	
1	
H	
PART	
990PF,	
FORM	

DESCRIPTION	

INVESTMENT IN STOCK/EQUITIES INVESTMENT IN MUTUAL FUNDS

TOTALS

ATTACHMENT 7	

ENDING	FMV
ENDING	BOOK VALUE

1,633,575. 440,153.

1,633,575. 440,153.

2,073,728.

2,073,728.

FORM 990PF, PART II - CORPORATE BONDS

DESCRIPTION

INVESTMENT IN BONDS/FIXED INC.

TOTALS

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ATTA	
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59-3249687

ENDING	FMV
ENDING	BOOK VALUE

1,309,135.

1,309,135.

1,309,135.

1,309,135.

- OTHER ASSETS PART II FORM 990PF,

DESCRIPTION

OTHER ASSETS

ATTACHMENT

59-3249687

ENDING BOOK VALUE

6,299.

ENDING FMV

6,299.

6,299.

6,299.

TOTALS

PAGE 29

JACKSONVILLE	JAGUARS	FOUNDATION,	INC

59-3249687

FORM 990PF, PART II - OTHER LIABILITIES		ATTACHMENT 10
DESCRIPTION		ENDING BOOK VALUE
BENEFITS PAYABLE ACCRUED VACATION PAYABLE DUE TO JACKSONVILLE JAGUARS		-54,609. 451. 586,688.
	TOTALS	532,530.

JACKSONVILLE	JAGUARS	FOUNDATION,	INC

59-3249687

ATTACHMENT_11

FORM 990PF, PART III - OTHER DECREASES IN NET WORTH OR FUND BALANCES

DESCRIPTION

AMOUNT

OTHER PRIOR PERIOD ADJUSTMENTS

25,043.

TOTAL

25,043.

ATTACHMENT 12	EXPENSE ACCT AND OTHER ALLOWANCES			107.		254.		361.
ATTAC	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS			2,810.		23,292.		26,102.
	COMPENSATION			9,219.		96,705.		105,924.
OF OFFICERS, DIRECTORS, AND TRUSTEES	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	CEO/ DIRECTOR	DIRECTOR	OFFICER	TREASURER	DIRECTOR	OFFICER	GRAND TOTALS
FORM 990PE, PART VIII - LIST OF	NAME AND ADDRESS	DELORES WEAVER ONE EVERBANK STADIUM PLACE	J WAYNE WEAVER ONE EVERBANK STADIUM PLACE	MARGORIE MARQUINEZ ONE EVERBANK STADIUM PLACE	LAWRENCE DUBOW ONE EVERBANK STADIUM PLACE	PETER RACINE ONE EVERBANK STADIUM PLACE	TAREK TABET ONE EVERBANK STADIUM PLACE	

FORM 990RE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

	BUTION	47,070	PMENT 80,000	35,000	35,000	850	22,500
	PURPOSE OF GRANT OR CONTRIBUTION	EDUCATION AND CHILD DEVELOPMENT	EDUCATION AND CHILD DEVELOPMENT	EDUCATION	EDUCATION	EDUCATION	EDUCATION
RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND	FOUNDATION STATUS OF RECIPIENT						
	RECIPIENT NAME AND ADDRESS	THE BOYS & CIRLS CLUB OF NORTHEAST FLORIDA 1300 RIVERPLACE BLVD, SUITE 310 JACKSONVILLE, FL 32207	THE BRIDGE OF NORTHEAST FLORIDA, INC 1824 PEARL STREET JACKSONVILLE, FL 32206	COMMUNITIES IN SCHOOLS OF JACKSONVILLE 3108 LENOX AVENUE JACKSONVILLE, FL 32254	COMMUNITIES IN SCHOOLS OF NASSAU CO, INC 516 SOUTH 10TH ST, SUITE 205 FERNANDINA BEACH, FL 32034	COUNCIL ON FOUNDATIONS 1828 L STREET NW WASHINGTON, DC 20036	DUVAL COUNTY 4-H FOUNDATIONS, INC 1010 N MCDUFF AVE JACKSONVILLE, FL 32202

ATTACHMENT 13 (CONT'D)

FORM 990PE, PART XV - CRANTS AND CONTRIBUTIONS PALD DURING THE YEAR

FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION EDUCATION	EDUCATION	NONPROFIT ORGANIZATION WHOSE MISSION IS TO ENHANCE THE QUALITY OF LIFE OF OUR MEN AND WOMEN IN UNIFORM AND TO BE THE INTERFACE BETWEEN THE ACTIVE DUTY AND CIVILIAN COMMUNITIES	CONTIBUTION TO AID IN THE BUILDING OF HOUSES	EDUCATION AND CHILD DEVELOPMENT	EDUCATION
FECIPIENT NAME AND ADDRESS FAMILY SUPPORT SERVICES 4057 CARMICHAEL AVE, SUITE 101 JACKSONVILLE, FL 32207 GIRLS INC OF JACKSONVILLE 2916 UNIVERSITY BLVD W JACKSONVILLE, FL 32217 GREATER JACKSONVILLE AREA USO COUNCIL PO BOX 108 JACKSONVILLE, FL 32212 JACKSONVILLE, FL 32206 THE JACKSONVILLE CHILDREN'S CHORUS, INC	I	JACKSONVILLE Y BLVD W FL 32217	NVILLE AREA USO COUNCIL FL 32212	MANITY JACKSONVILLE BEACHES TREET FL 32206	THE JACKSONVILLE CHILDREN'S CHORUS, INC PO BOX 41103 JACKSONVILLE, FL 32203	PACE CENTER FOR GIRLS JACKSONVILLE 2933 UNIVERSITY BLVD N

ATTACHMENT 13 (CONT'D)

FORM 990PE. PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

PURFOSE OF GRANT OR CONTRIBUTION	7,500	EDUCATION - COACH OF THE WEEK	20,000	MEDICAL ASSISTANCE FOR CHILDREN	42,000	15,000 PREVENTION/INTERVENTION
RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT						
RECIPIENT NAME AND ADDRESS	PLANNED PARENTHOOD OF NORTHEAST FLORIDA 3850 BEACH BLVD JACKSONVILLE, FL 32211	ST AUGUSTINE HIGH SCHOOL 3205 VARELL AVE ST AUGUSTINE, FL 32084	THE GIRL SCOUTS OF GATEMAY COUNCIL 1000 SHEARER STREET JACKSONVILLE, FL 32205	HEART FOR CHILDREN NORTH OCEAN STREET JACKSONVILLE, FL 32202	METRO KIDS KONNECTION 849 PARK STREET JACKSONVILLE, FL 32202	APEL HEALTH SERVICE CENTER PO BOX 2392 JACKSONVILLE, FL 32203

FORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

			ATTACHMENT 13 (CONT'D)
	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		
	AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
STAGE AURORA THEATRICAL CENTER		EDUCATION	11,000
SI64 NORMODD AVE JACKSONVILLE, FL 32208			
UNITED CONGRECATIONS FOR COMMUNITIES 6 YOUTH		EDUCATION	12,500.
1061 LIME ST			
JACKSONVILLE, FL 32254			
INDEPENDENT LIVING RESOURCE OF NE FL		ASSISTANCE TO PEOPLE WITH DISABILITIES	20,000
2709 ART MUSEUM DRIVE			
JACKSONVILLE, FL 32207			
STUDENT CONSERVATION ASSOC.		EDUCATION	25,000
689 RIVER ROAD			
PO BOX 550			
CHARLESTOWN, NH 03603-0550			
GATEWAY COMMUNITY SERVICE		EDUCATION	20,500
555 STOCKTON ST			
JACKSONVILLE, FL 32204			
GIRLS ON THE RUN OF NORTHEAST FLORIDA		EDUCATION	25,500.
P O. BOX 5028			
JACKSONVILLE, FL 32247			

ATTACHMENT 13 (CONT'D)

FORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

	AMOUNT	9,500	1,000	1,000	1,000	2,000	23,000.
	PURPOSE OF GRANT OR CONTRIBUTION	EDUCATION	EDUCATION	EDUCATION	EDUCATION	EDUCATION	SHELTER FOR ABUSED WOMAN AND MINOR CHILDREN
RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR	FOUNDATION STATUS OF RECIPIENT						
	RECIPIENT NAME AND ADDRESS	EPISCOPAL CHILDRENS SERVICES 100 BELL TEL WAY, SUITE 100 JACKSONVILLE, FL 32216	DUNCAN U. FLETCHER HIGH SCHOOL 700 SEAGATE AVE NEPTUNE BEACH,, FL 32266	BISHOP KENNY HIGH SCHOOL 1055 KINGMAN AVE JACKSONVILLE, FL 32207-8817	MANDARIN HIGH SCHOOL 4831 GREENLAND RD JACKSONVILLE, FL 32258	ARTS4JAX 634 LOMAX STREET JACKSONVILLE, FL 32204	BETTY GRIFFIN HOUSE 1375 ARAFAHO AVE ST AUGUSTINE, FL 32084

FORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

AMOUNT	9,000	35,000	24,000	12,500	15,000	18,000
PURPOSE OF GRANT OR CONTRIBUTION	EDUCATION	SOCIAL SERVICES FOR HOMELESS AND CHILDREN SERVICES	EDUCATION	YOUTH ASSISTANCE	VARIOUS COMMUNITY SERVICES	VARIOUS COMMUNITY SERVICES
RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT						
RECIPIENT NAME AND ADDRESS	COMMUNITIES IN SCHOOLS OF ST JOHNS COUNTY 40 ORANGE ST ST AUGUSTINE, FL 32084	COMMUNITY CONNECTIONS OF JACKSONVILLE PO BOX 41086 JACKSONVILLE, FL 32203	DLC NURSE & LEARN 4101 COLLECE ST JACKSONVILLE, FL 32205	EMPOWERMENT RESOURCES INC 3032-010 BAYMEADOWS ROAD SUITE 348 JACKSONVILLE, FL 32217	EPIC COMMUNITY SERVICES 1400 OLD DIXIE HWY. ST AUGUSTINE, FL 32084	FRESH MINISTRIES 1131 N. LAURA STREET JACKSONVITTE ET 32206-4011

FORM 990FE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

	Î		ATTACHMENT 13 (CONT'D)
	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		
RECIPIENT NAME AND ADDRESS	AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
			1
LIMELIGHT THEATER		EDUCATION	25,000.
11 OLD MISSION AVE			
ST AUGUSTINE, FL 32084			
LOCAL INITIATIVES SUPPORT CORPORATION		VARIOUS COMMUNITY SERVICES	33, 330
501 SEVENTH AVE			
NEW YORK, NY 10018			
MALIVAI WASHINGTON KIDS FOUNDATION		EDUCATION	25,000
1093 W 6TH ST			
JACKSONVILLE, FL 32209			
NATIONAL COUNCIL OF NEGRO WOMEN'S CHILD WATCH PART		VARIOUS COMMUNITY SERVICES	25,000
P O BOX 2583			
JACKSONVILLE, FL 32203			
ONE JAX		VARIOUS COMMUNITY SERVICES	20,000
1022 PARK ST			
#302			
JACKSONVILLE, FL 32204-3915			
POLICE ATHLETIC LEAGUE		EDUCATION AND CHILD DEVELOPMENT	25,000
3450 MONUMENT RD.			
JACKSONVILLE, FL 32225			

FORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR.

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		
	AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
ST GERARD CAMPUS P.O BOX 4382		EDUCATION	22,500
ST AUGUSTINE, FL 32085			
TRINITY LUTHERAN CHURCH		VARIOUS COMMUNITY SERVICES	6,000.
400 N SWINTON AVE			
DELRAY BEACH, FL 33444			
JASMYN		VARIOUS CHILD SERVICES	20,000
P O. BOX 380103			
JACKSONVILLE, FL 32205			
YMCA BAKER COUNTY		EDUCATION AND OTHER COMMUNITY SERVICES	12,500
SANDERSON, FL 32087			
BEST BUDDIES INTERNATIONAL, INC		DEDICATED TO ESTABLISHING A GLOBAL VOLUNTEER	5,000
4063 SALISBURY ROAD		MOVEMENT THAT CREATES OPPORTUNITIES FOR PEOPLE	
SUITE 105		WITH DISABILITIES	
JACKSONVILLE, FL 32216			
BRAVE KIDS		BRAVEKIDS ORG HELPS CHILDREN WITH DISABILITIES,	5,000.
151 SAWGRASS CORNERS DRIVE		CHRONIC, LIFE THREATENING ILLNESSES AND SPECIAL	
SUITE 204J		NEEDS	
PONTE VEDRA BEACH, FL 32082			

FORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

FORM BYOFE, PART XV - GRANIS AND CONTRIBUTIONS FAID DURING THE YEAR	DURING THE YEAR	ATTACHMENT 13	T 13 (CONT'D)
	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
CLAY COUNTY PUBLIC LIBRARY 1895 TOWN CENTER BLVD ORANGE PARK, FL 32003		COMMUNITY	902
DIGNITY U WEAR FOUNDATION		THE MISSION OF DIGNITY U WEAR FOUNDATION, INC. IS TO POSITIVELY IMPACT THE LIVES OF CHILDREN AND THEIR FAMILIES IN NEED BY PROVIDING BRAND NEW CLOTHING	10,000
EUGENE J BUTLER MIDDLE SCHOOL 900 ACORN STREET JACKSONVILLE, FL 32209		EDUCATION	1,335
FLEMING ISLAND HICH SCHOOL 2233 VILLAGE SQUARE PARKWAY ORANGE PARK, FL 32003		EDUCATION	1,000
FLORIDA STATE COLLEGE AT JACKSONVILLE FOUNDATION 501 WEST STATE STREET JACKSONVILLE, FL 32202-4030		EDUCATION	3,500
JACKSONVILLE AREA LEGAL AID, INC 126 WEST ADAMS JACKSONVILLE, FL 32202		THE MISSION OF THE BOARD OF DIRECTORS AND STAFF OF JALA IS TO ASSIST OUR LOW-INCOME NEICHBORS IN OUR COMMUNITY WITH CIVIL LEGAL PROBLEMS	11,000

59-3249687

ATTACHMENT 13 (CONT'D)

FORM 990PE. PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND RECIPIENT NAME AND ADDRESS FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
JAMES WELDON JOHNSON MIDDLE SCHOOL 1840 W 9TH STREET JACKSONVILLE, FL 32209	EDUCATION	1,500
JOHN E. FORD ELEMENTARY SCHOOL K-8 1137 CLEVELAND STREET JACKSONVILLE, FL 322	EDUCATION	1,500
LAKESHORE MIDDLE SCHOOL 2519 BAYVIEW ROAD JACKSONVILLE, FL 32210	EDUCATION	1,500
LANDMARK MIDDLE SCHOOL Jacksonville, Fl Jacksonville, Fl 32228	EDUCATION	1,500
MAYPORT MIDDLE SCHOOL #254 2600 MAYPORT ROAD ATLANTIC BEACH, FL 32233	EDUCATION	1,500
NASSAU COUNTY PUBLIC LIBRARY 25 N 4TH STREET FERNANDINA BEACH, FL 32034	EDUCATION	2,126

FORM 990RE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

		AMOUNT	1,000		1,000			1,000			1,500			15,000				1,047			
		PURPOSE OF GRANT OR CONTRIBUTION	EDUCATION		EDUCATION			EDUCATION			EDUCATION			TO ENCOURAGE AND EMPOWER JACKSONVILLE YOUTH AND	FAMILIES IN NEED BYMINISTERING TO THEIR	SPIRITUAL, PHYSICAL, SOCIAL, AND	INTELLECTUALNEEDS	COMMUNITY			
RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR	AND	FOUNDATION STATUS OF RECIPIENT																			
		RECIPIENT NAME AND ADDRESS	ORANGE PARK HIGH SCHOOL	2300 KINGSLEY AVE OBANGE PARK, FI. 32003	PONTE VEDRA HIGH SCHOOL	460 DAVIS PARK ROAD	PONTE VEDRA, FL 32082	PROVIDENCE HIGH SCHOOL	2701 HODGES BLVD.	JACKSONVILLE, FL 32224	RIBAULT MIDDLE SCHOOL #212	3610 RIBAULT SCENIC DRIVE	JACKSONVILLE, FL 32208	SANCTUARY ON 8TH STREET	P O BOX 3301	JACKSONVILLE, FL 32206		ST JOHNS COUNTY PUBLIC LIBRARY	101 LIBRARY BLVD	PONTE VEDRA, FL 32082	

FORM 990RE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		
RECIPIENT NAME AND ADDRESS	AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
TLC		FOR EXEMPT PURPOSES OF THIS ORGANIZATION	10,000.
1366 HALF MOON TRAIL			
JACKSONVILLE, FL 32223			
TRINITY CHRISTIAN ACADEMY		EDUCATION	2,000
800 HAMMOND AVENUE			
JACKSONVILLE, FL 32221			
TWIN LAKES ACADEMY MIDDLE SCHOOL		EDUCATION	1,500
JACKSONVILLE, FL			
JACKSONVILLE, FL 32223			
UNITED WAY OF NE FLORIDA		COMMUNITY	1,330
1300 RIVERPLACE BLVD			
SUITE 500			
JACKSONVILLE, FL 32207			
WESTVIEW K-8		EDUCATION	1,400
5270 CONNIE JEAN ROAD			
JACKSONVILLE, FL 32210			
YMCA FLORIDA FIRST COAST		COMMUNITY	12,500
12735 GRAN BAY PARKWAY WEST			
SUITE 250			
JACKSONVILLE, FL 32258			

FORM 990PE. PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR.

ATTACHMENT 13 (CONT'D)		AMOUNT	27	1,000	15,000	36,000	3,000	1,648
ATTA		PURPOSE OF GRANT OR CONTRIBUTION	COMMUNITY	EDUCATION	EDUCATION	SHELTER AND OUTREACH SERVICES	FOR THE EXEMPT PURPOSES OF THE ORGANIZATION	EDUCATION
	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND	FOUNDATION STATUS OF RECIPIENT						
		RECIPIENT NAME AND ADDRESS	BAKER COUNTY PUBLIC LIBRARY 14 WEST MCIVER AVENUE MACCLENNY, FL 32063	ANDREW JACKSON HIGH SCHOOL 3816 MAIN STREET JACKSONVILLE, FL 32206	ART WITH A HEART FOR CHILDREN 841 PRUDENTIAL DRIVE SUITE 204 JACKSONVILLE, FL 32207	HUBBARD HOUSE P.O BOX 4909 JACKSONVILLE, FL 32201	HOPE WORLDWIDE 6118 BOWDEN RD JACKSONVILLE, FL 32216	JACKSONVILLE PUBLIC LIBRARY FOUNDATION 303 N LAURA STREET JACKSONVILLE, FL 32202

FORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

	AMOUNT	11,000	11,000		000
	PURPOSE OF GRANT OR CONTRIBUTION	HEALTH CARE	EDUCATION		
RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR	AND FOUNDATION STATUS OF RECIPIENT				
	RECIPIENT NAME AND ADDRESS	ST VINCENT'S FOUNDATION 1 SHIRECLIFF WAY	JACKSONVILLE, FL 32204 STAGE AURORA THEATRICAL COMPANY 5164 NORWOOD AVENUE	JACKSONVILLE, FL 32208	11 SW 11 FORT LAUDERDALE, FL 33301

1,063,803.
TOTAL CONTRIBUTIONS PAID

ATTACHMENT 14

FORM 990-PE, PART XVI-A - ANALYSIS OF OTHER REVENUE

RELATED OR EXEMPT FUNCTION INCOME AMOUNT CODE AMOUNT BUSINESS DESCRIPTION

ADJUSTMENT FOR UNREALIZED GAIN ON INVESTMENTS

TOTALS

522,399.

522,399.

ATTACHMENT 14

PAGE 47

SCHEDULE D (Form 1041)

Capital Gains and Losses

OMB No 1545-0092

▶ Attach to Form 1041, Form 5227, or Form 990-T. See the instructions for Department of the Treasury Schedule D (Form 1041) (also for Form 5227 or Form 990-T, if applicable). Internal Revenue Service Name of estate or trust Employer identification number JACKSONVILLE JAGUARS FOUNDATION, INC. 59-3249687 Note: Form 5227 filers need to complete only Parts I and II Short-Term Capital Gains and Losses - Assets Held One Year or Less (e) Cost or other basis (f) Gain or (loss) for (a) Description of property
(Example 100 shares 7% preferred of "Z" Co) (b) Date acquired (mo, day, yr) (c) Date sold the entire year Subtract (e) from (d) (d) Sales price (see page 4 of the (mo, day, yr) instructions) 1a **b** Enter the short-term gain or (loss), if any, from Schedule D-1, line 1b 1b 2,520. Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts 3 Short-term capital loss carryover Enter the amount, if any, from line 9 of the 2008 Capital Loss

Net short-term gain or (loss). Combine lines 1a through 4 in column (f). Enter here and on line 13,

Long-Term Capital Gains and Losses - Assets Held More Than One Year

	(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Sales price	(e) Cost or other be (see page 4 of t instructions)	he	(f) Gain or (loss) for the entire year Subtract (e) from (d)
6a				1			
			•				
							· · · ·
b	Enter the long-term gain or (loss), if any, fi	rom Schedule D-	1, line 6b			6 b	-166,001.
7	Long-term capital gain or (loss) from Form	ns 2439, 4684, (6252, 6781, ar	nd 8824		7	
8	Net long-term gain or (loss) from partners	hips, S corporati	ons, and other	estates or trusts		8	
9	Capital gain distributions					9	
10	Gain from Form 4797, Part I					10	
11	Long-term capital loss carryover. Enter th Carryover Worksheet	e amount, if any	, from line 14 o	of the 2008 Capital Los	ss	11	()
12	Net long-term gain or (loss). Combine line column (3) on the back	s 6a through 11	ın column (f).	Enter here and on lin	e 14a,	12	-166,001.

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D (Form 1041) 2009

Part II

2,520.

	edule D (Form 1041) 2009			 	Page 2
Pa	rt III Summary of Parts I and II Caution: Read the instructions before completing this i	part	(1) Beneficiaries' (see page 5)	(2) Estate's or trust's	(3) Total
13	Net short-term gain or (loss)	13			2,520.
14	Net long-term gain or (loss):				
	Total for year	14a			-166,001.
	Unrecaptured section 1250 gain (see line 18 of the wrksht)	14b			
	28% rate gain	14c			162 401
15		15			-163,481.
	ie: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or For art V, and do not complete Part IV If line 15, column (3), is a net loss, complete P.				
Pa	rt IV Capital Loss Limitation				
16					
a	The loss on line 15, column (3) or b \$3,000			<u> [16] (</u>	3,000)
Can	The loss on line 15, column (3) or b \$3,000. e: If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, pagi yover Worksheet on page 7 of the instructions to figure your capital loss carryover.	e 1, lin r	e 22 (or Form 990-T, II	ne 34), is a loss, con	nplete the Capital Loss
	rt V Tax Computation Using Maximum Capital Gains Rate				
	m 1041 filers. Complete this part only if both lines 14a and 15 in colu			nount is entered in	Part I or Part II and
	re is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is mor				
	ution: Skip this part and complete the worksheet on page 8 of the instruc-	ctions	ıf		
	Either line 14b, col. (2) or line 14c, col. (2) is more than zero, or Both Form 1041, line 2b(1), and Form 4952, line 4g are more than zero.				
	m 990-T trusts. Complete this part only if both lines 14a and 15 ar	a nair	s or qualified divide	ende are included	in income in Part I
	Form 990-T, and Form 990-T, line 34, is more than zero. Skip this pa				
	ner line 14b, col (2) or line 14c, col (2) is more than zero		Complete the tront	amout on page o	
17	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 3	341	17		
18	Enter the smaller of line 14a or 15 in column (2)	~, .	· · ' / 		
	but not less than zero				
19	Enter the estate's or trust's qualified dividends				
	from Form 1041, line 2b(2) (or enter the qualified				
	dividends included in income in Part I of Form 990-T) 19		li		
20	Add lines 18 and 19 20		-	1 1	
21	If the estate or trust is filing Form 4952, enter the				
	amount from line 4g, otherwise, enter -0-]]		
22	Subtract line 21 from line 20 If zero or less, enter -0-		22		
23	Subtract line 22 from line 17 if zero or less, enter -0-		23		
	Captilatinia EE Noin into 17 W 2010 of 1000, Office 0		· · *		
24	Enter the smaller of the amount on line 17 or \$2,300		24		
25	Is the amount on line 23 equal to or more than the amount on line 24		• • •		
	Yes. Skip lines 25 and 26, go to line 27 and check the "No" box		1 1		
	No. Enter the amount from line 23	-	25		
26	Subtract line 25 from line 24				
27	Are the amounts on lines 22 and 26 the same?		• • = = = = = = = = = = = = = = = = = =		
	Yes. Skip lines 27 thru 30; go to line 31 No. Enter the smaller of line 17 or lin	ne 22	27		
28	Enter the amount from line 26 (If line 26 is blank, enter -0-)		28	\ \	
29	Subtract line 28 from line 27		29		
30	Multiply line 29 by 15% (15)			30	
31	Figure the tax on the amount on line 23 Use the 2009 Tax Rat	e Sch	edule for Estates a	nd Trusts	
	(see the Schedule Ginstructions in the instructions for Form 1041)				
	•	- · ·			
32	Add lines 30 and 31				
33		e Sch	edule for Estates a	nd Trusts	

(see the Schedule G instructions in the instructions for Form 1041)

34 Tax on all taxable income. Enter the smaller of line 32 or line 33 here and on Form 1041, Schedule

33

SCHEDULE D-1 (Form 1041)

Continuation Sheet for Schedule D
(Form 1041)

▶ See instructions for Schedule D (Form 1041).

JACKSONVILLE JAGUARS FOUNDATION, INC.

OMB No 1545-0092

59-3249687

Department of the Treasury Internal Revenue Service Name of estate or trust

▶ Attach to Schedule D to list additional transactions for lines 1a and 6a.

Employer identification number

(a) Description of property (Example 100 sh 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Sales price (see page 4 of the instructions)	(e) Cost or other basis (see page 4 of the instructions)	(f) Gain or (loss) Subtract (e) from (d
MERRILL LYNCH			309,505.	306,985.	2,52
			17.5		
					·
		,			
					-
					
	-				
Ib Total. Combine the amounts in colu		<u> </u>	I		2,52

Name of estate or trust as shown on Form 1041 Do not enter name and employer identification number if shown on the other side Employer identification number Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year (d) Sales price (see page 4 of the instructions) (e) Cost or other basis (see page 4 of the instructions) (c) Date sold (mo , day, yr) (a) Description of property (Example 100 sh 7% preferred of "Z" Co) (f) Gain or (loss) Subtract (e) from (d) acquired (mo, day, yr) MERRILL LYNCH 634,366. 800,367. -166,001.

Form 8868

(Rev April 2009)

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

File a separate application for each return.

OMB No 1545-1709

	ing for an Automatic 3-Month Extension, complete only Part I and check this box	> X				
	ing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page te Part II unlessou have already been granted an automatic 3-month extension on a previou					
Part I Auto	matic 3-Month Extension of Time. Only submit original (no copies needed).					
	equired to file Form 990-T and requesting an automatic 6-month extension - check this box ar	nd complete				
Part I only						
	orations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 70 ime tax returns.	04 to request an extension of				
one of the rel electronically i returns, or a co	ng (e-file) Generally, you can electronically file Form 8868 if you want a 3-month autourns noted below (6 months for a corporation required to file Form 990-T). However, (1) you want the additional (not automatic) 3-month extension or (2) you file Forms of proposite or consolidated From 990-T. Instead, you must submit the fully completed and dedetails on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for C.	er, you cannot file Form 8868 990-BL, 6069, or 8870, group signed page 2 (Part II) of Form				
Type or	Name of Exempt Organization	Employer identification number				
print	JACKSONVILLE JAGUARS FOUNDATION, INC.	59-3249687				
File by the	Number, street, and room or suite no. If a P.O. box, see instructions					
due date for filing your	ONE STADIUM PLACE					
return See Instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions					
	JACKSONVILLE, FL 32202					
Form 990	return to be filed (file a separate application for each return): Form 990-T (corporation) Form	~ 4720				
Form 990		ກ 4720 ກ 5227				
Form 990	H	m 6069				
X Form 990	m 8870					
If the organIf this is forfor the whole g						
	Is of all members the extension will cover					
until	t an automatic 3-month (6 months for a corporation required to file Form 08/15, 2010 , to file the exempt organization return for the organization ganization's return for. calendar year 2009 or tax year beginning, and ending, and ending	•				
2 If this tax	year is for less than 12 months, check reason: Initial return Final return	Change in accounting period				
	plication is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, dable credits. See instructions	less any 3a \$NONE				
_	plication is for Form 990-PF or 990-T, enter any refundable credits and estimated tax p					
•	clude any prior year overpayment allowed as a credit	3ь \$10,312				
	Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required,	deposit				
with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See						
Instruction	ns	3c \$ NONE				
Caution. If you	are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and	d Form 8879-EO				
for payment ins	tructions.					
For Privacy Ac	t and Paperwork Reduction Act Notice, see Instructions.	Form 8868 (Rev 4-2009)				

	.•				
Form	8868 (Rev	4-2009)			Page 2
Note	. Only c	filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and omplete Part II if you have already been granted an automatic 3-month extension on a previous filing for an Automatic 3-Month Extension, complete only Part I (on page 1)	usly filed l	Form 88	
Par	t II	Additional (Not Automatic) 3-Month Extension of Time. Only file the original (n	o copies	neede	<u></u>
Type print		Name of Exempt Organization E Er		lentifica	ition number
File by the extended due date for		Number, street, and room or suite no If a PO box, see instructions. ONE STADIUM PLACE	or IRS use	only	
filing t return instru	See	City, town or post office, state, and ZIP code For a foreign address, see instructions JACKSONVILLE, FL 32202			
F	orm 99 orm 99 orm 99 orm 99	0-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 4720		Form 6 Form 8	
STO	P! Do no	ot complete Part II if you were not already granted an automatic 3-month extension on a	previous	ly filed	Form 8868.
Tel If t If t for ti	ephone he orga his is fo ne whol vith the	are in the care of ▶ BILL PRESCOTT No ▶ (904) 633-6000 FAX No. ▶ nization does not have an office or place of business in the United States, check this box r a Group Return, enter the organization's four digit Group Exemption Number (GEN) e group, check this box ▶ □ . If it is for part of the group, check this box	x	. 11	this is
4	1 reque		010.		
5	For cal	endar year 2009, or other tax year beginning, 20, and ending			, 20
6 7	If this to State if NECE	ax year is for less than 12 months, check reason. Initial return Final return detail why you need the extension IN ORDER TO GATHER ALL OF THE SSARY TO FILE A COMPLETE AND ACCURATE RETURN, THE ESTS AN ADDITIONAL EXTENSION OF TIME TO FILE THIS I	Change i INFOI TAXPA	n accou RMAT I YER	unting period
8a		application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, y nonrefundable credits. See instructions.	8a	\$	NONE
b	estima	application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and ted tax payments made. Include any prior year overpayment allowed as a credit and any to paid previously with Form 8868.	8b	\$	10,312

c Balance Due. Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature Muhal Muldorn Title >

Form **8868** (Rev 4-2009)

NONE

8c |\$

Date ▶